



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

July 6, 2007

William Shobe, Administrator
B & B Residential Care
Route 1, Box 5b
Kooskia, ID 83539

License #: RC-244

Dear Mr. Shobe:

On May 17, 2007, a complaint investigation, state licensure survey was conducted at B&b Residential Care. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script that reads "Donna Henscheid". The signature is written in dark ink and is positioned above the printed name and title.

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

June 7, 2007

William Shobe, Administrator
B & B Residential Care
Route 1, Box 5B
Kooskia, ID 83539

Dear Mr. Shobe:

On May 17, 2007, a complaint investigation, state licensure survey was conducted at B&B Residential Care. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 16, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'JS' followed by a stylized flourish.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2007
NAME OF PROVIDER OR SUPPLIER B & B RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 1, BOX 5B KOOSKIA, ID 83539		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey/complaint investigation conducted at your facility. The surveyors conducting the standard health care survey/complaint investigation were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Sydney Braithwaite, RN Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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June 11, 2007

William Shobe, Administrator
B & B Residential Care
Route 1, Box 5B
Kooskia, ID 83539

Dear Mr. Shobe:

On May 17, 2007, a complaint investigation survey was conducted at B&B Residential Care. The survey was conducted by Sydnie Braithwaite, RN, Donna Henscheid, LSW and Polly Watt-Geier, MSW. This report outlines the findings of our investigation.

Complaint # ID00002063

Allegation #1: The facility did not protect or return resident's personal belongings when the resident was moved from the facility.

Findings: On May 17, 2007 at 11:05 a.m., the assistant administrator stated the identified resident was moved from the facility. The staff packed up the resident's personal items and gave them to the family. At a later point, the resident stated he had not received all of his items, a portable DVD player was found by staff and was returned to the resident through the family. She stated the identified resident had received all of his personal belongings.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility took a resident's belongings away from when the resident was non-compliant.

Findings: On May 17, 2007 at 11:00 a.m., the identified resident stated he has never had his items taken away from him. From May 16, 2007 through May 17, 2007, four random residents were interviewed and denied their personal items had been taken away from them.

William Shobe, Administrator

June 11, 2007

Page 2 of 2

Conclusion # 2: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script that reads "Donna Henscheid".

DONNA HENSCHIED, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name B+B Residential Care	Physical Address Route 1 Box 513	Phone Number 208-926-0049
Administrator William Shobe	City Kooskia	ZIP Code 83539
Survey Team Leader Donna Henschel	Survey Type Standard + Complaint	Survey Date 5/17/07

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed

6/17/07

Signature of Facility Representative

5-17-07